STAPLE CHECK HERE .

200	I UNIFORM BUS	INE22 KEPO	KI	(OBK)	_					
DOCU 1. Entity Nan	MENT # LOOOO	016015		a weigh	المتعاول ميها ومعتث	Y	· •			
CRO A	AIRCRAFT LLC			F	ILE	.D				
Principal Place	ce of Business	Mailing Address		01 JU l	24	AM 8: 47	ļ Į			
C/O COMMERCE GROUP. INC. 1280 WEST NEWPORT CENTER DR. DEERFIELD BEACH FL 33442		C/O COMMERCE GROUP, INC. SECRE			ARY O ASSEE,	F STATE FLORIDA				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WE	RITE IN THIS S	SPACE		
City & State		City & State		4. FEI Number 65–1071360			Applied For Not Applicable			
Zip	Country	Zip	Zip Coun		5. Certificate of			\$5.00 Add	ditional	
,	6. Name and Address of Current	Registered Agent	-		_7. Nam	e and Address of New	:	•		<u> </u>
				Name					•]
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (F	(P.O. Box Number is Not Acceptable)			1		
				City			FL	Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or registere	ed agent,	or both, in the State of F	lorida.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstat	ing)	DATE			
		FILE NO	W!!! I	FEE IS \$50.00		600004	1509	786		1
		Make Check Payable to Department of			-07/3	1701~-01	1066(002		
; 		_	Septer	mber 26, 2001		*************************************	*50.00	米米米米米!	50.00	Į
9. TITLE	MANAGING MEMBER		10.			ADDITIONS	/CHANGES			
NAME STREET ADDRESS (CITY-ST-ZIP	MGRM CRO REALTY, INC. 1280 WEST NEWPORT CENTER DEERFIELD BEACH FL 33442	☐ Delete					i	☐ Change	☐ Addition	R2E083 (5/01)
TITLE	DECITION DOTOTIVE SOTTE	☐ Delete	TITLE		···-		1	☐ Change	Addition	뜅
NAME Street Address City+St-Zip				E Et address •St-zip						
TITLE		Delete	. "TITLE				.	☐ Change		1
name Street address (City-St-Zip				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	1
NAME STREET ADDRESS			NAME	· I					_	ĺ
CITY-ST-ZIP			•	ET ADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE				÷ .	☐ Change	☐ Addition	1
NAME STREET ADDRESS			NAME				!			
CITY-ST-ZIP				ET ADDRESS ST-ZIP			!			
TITLE	·	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		!	☐ Change	Addition	
NAME CORRECT ADDRESS			NAME				ì			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
11. I hereby co	ertify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	dat mv signature spali pave tr	the exen	nption stated in Sec	ada undar	oath that I am a mone	I further certif ging member	y that the in or manage	formation r of the	[
	1. March 1	William F.	Ring	Jr.	223,110	Ciminios.	i		į	
SIGNATURE: 0/10/01 954-360-7713 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destring Phone #										